

Registration Form

Concurrent Workshop Selection

Registration Deadline: November 20, 2007

- ✓ **Out-of-State Participant:** \$100.00
- ✓ **In-State Participant:** \$50.00
- ✓ **Make checks payable to:**
SD Network Against Family Violence and Sexual Assault
- ✓ **Send with registration to:**
PO Box 90453, Sioux Falls, SD 57109-0453
- ✓ **Or register online at:**
www.dss.sd.gov/elderlyservices/domesticabuse/registrationform

I am exempt because I am:

- | | |
|---|---|
| <input type="checkbox"/> DSS Family Services Specialist | <input type="checkbox"/> DSS Economic Assistance Specialist |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Victim Advocate |

Registration Information

Name: _____

Organization: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail Address:** _____

Concurrent Workshop Selection

Please indicate which workshops you are most likely to attend. Check one (1) choice per time.

Tuesday, December 4

2:00 – 3:30 p.m. ☐ I ☐ II ☐ III ☐ IV ☐ V

4:00- 5:30 p.m. ☐ VI ☐ VII ☐ VIII ☐ IX ☐ X

Wednesday, December 5

1:30 – 3:00 p.m. ☐ XI ☐ XII ☐ XIII ☐ XIV ☐ XV

3:20 – 4:45 p.m. ☐ XVI ☐ XVII ☐ XVIII ☐ XIX ☐ XX

NOTE: A separate form is required for each participant. If you are filling this out for yourself and another participant, you will need to submit two registration forms. It is important to register even if exempt from a registration fee.